

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.
64-R-0002

CUSTOMER NO.
857

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

NOV 14 2006

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

TUSKEGEE UNIVERSITY
209 KRESGE CENTER
TUSKEGEE, AL 36088
(334) 727-8164

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS(sites)

See Attached Listing Dog Holding and Surgery Facility,
College of Veterinary Medicine (CVM)

Large Animal Clinic and Pasture,
College of Veterinary Medicine (CVM)

Goat Farm, College of Agriculture

Rodent and Rabbit Holding Facility, Williams-
Bowie Hall, 1st. Floor, Tuskegee University

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
|---|---|--|---|--|---|
| 4. Dogs | 013 | 006 | 208 | 000 | 214 |
| 5. Cats | 000 | 000 | 000 | 000 | 000 |
| 6. Guinea Pigs | 000 | 000 | 000 | 000 | 000 |
| 7. Hamsters | 000 | 167 | 000 | 000 | 167 |
| 8. Rabbits | 000 | 000 | 000 | 000 | 000 |
| 9. Non-Human Primates | 000 | 000 | 000 | 000 | 000 |
| 10. Sheep | 000 | 000 | 000 | 000 | 000 |
| 11. Pigs | 000 | 000 | 000 | 000 | 000 |
| 12. Other Farm Animals | --- | --- | --- | --- | --- |
| Cattle | 000 | 018 | 000 | 000 | 018 |
| 13. Other Animals | --- | --- | --- | --- | --- |
| Goats | 000 | 141 | 000 | 000 | 141 |
| Horse/Ponies | 000 | 031 | 000 | 000 | 031 |
| --- | --- | --- | --- | --- | --- |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all the exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

11-8-06

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.
64-R-0004

CUSTOMER NO.
832

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

DEC 01 2006

UNIVERSITY OF ALABAMA @ BIRMINGHAM
VH B10
1530 3RD AVE SOUTH
BIRMINGHAM, AL 35294
(205) 934-3553

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS/sites)

See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
|--|---|---|---|--|---|
| 4. Dogs | 13 | 0 | 62 | 0 | 62 |
| 5. Cats | 0 | 0 | 0 | 0 | 0 |
| 6. Guinea Pigs | 111 | 42 | 191 | 0 | 233 |
| 7. Hamsters | 2 | 0 | 12 | 0 | 12 |
| 8. Rabbits | 9 | 48 | 332 | 0 | 380 |
| 9. Non-Human Primates | 178 | 0 | 186 | 0 | 186 |
| 10. Sheep | 0 | 0 | 0 | 0 | 0 |
| 11. Pigs | 13 | 1 | 308 | 0 | 309 |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |
| Gerbils | 2 | 0 | 35 | 0 | 35 |
| Tree Shrews | 16 | 0 | 175 | 0 | 175 |
| Ferrets | 0 | 0 | 10 | 0 | 10 |
| Cotton Rats | 0 | 20 | 0 | 0 | 20 |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all the exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete.

DATE SIGNED

/30/06
HEADQUARTERS

/30/06

IACUC Approved Exceptions to USDA Regulations or Standards (2006)

- 1. Controlled food or water intake (i.e., feeding less than once a day and/or watering less than twice a day for an hour each time).**

10 non-human primates were on studies using controlled water intake as behavioral reinforcement. During the period of controlled water intake the animals received ad-libitum water and/or juice during the experimental sessions as behavioral reinforcement for executing the required tasks. Additional water/juice or fruits were given if necessary. The maximum continuous period of controlled water intake was six days, with unlimited access to water for at least 24 hours between controlled periods. Animals were weighed regularly while on study with no ill effects observed.

- 2. Maintaining animals at temperatures and/or humidities outside the ranges specified by the standards.**

N/A

- 3. Not cleaning and/or sanitizing at required frequencies.**

N/A

- 4. Not providing diurnal lighting as required.**

N/A

- 5. Not meeting space requirements (including innovative enclosures).**

N/A

- 6. Exceptions from the exercise plan for dogs or exceptions from the psychological well-being plan for primates.**

Primates were pair housed unless research parameters, health status or behavior required individual housing. Individually housed animals received environmental enhancement through food treats, access to puzzles and/or toys, interaction with caretakers, and the ability to see other animals of their species.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.
64-R-0005

CUSTOMER NO.
833

FORM APPROVED
OMB NO. 0579-0036

**CONTINUATION SHEET FOR ANNUAL REPORT
OF RESEARCH FACILITY**
(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

AUBURN UNIVERSITY
202 SAMFORD HALL
AUBURN, AL 36849-5112

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use this form.)

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
|---|---|--|---|--|---|
| Donkey | | 1 | | | 1 |
| Goat | | 77 | | | 77 |
| Horse | 108 | 799 | 332 | | 1131 |
| Llama | 2 | 4 | | | 4 |
| Raccoon | | 20 | | | 20 |
| Cotton Rat | | 20 | | | 20 |
| Wood Rat | | 1 | | | 1 |
| Shrew | | 7 | | | 7 |
| Squirrel | | 352 | | | 352 |
| Bat | 131 | 111 | 20 | | 131 |
| Chipmunk | | 1 | | | 1 |
| Deer | | 214 | 14 | | 228 |
| Beach Mouse | | 150 | | | 150 |
| Cotton Mouse | | 34 | | | 34 |
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ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

11/30/2006

This report is required by law (7 USC 2143) Failure to report according to the regulations can result in an order to cease and desist and to be subject to penalties as provided for in Section 2150

Set reverse side for additional information

Interagency Report Control No 6180-00A-AN

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.

64-R-0008/864

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA include Zip Code)

University of South Alabama
College of Medicine
Department of Comparative Medicine - 992 MSB
Mobile, AL 36688

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS (Sheet)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used | E. Number of animals upon which teaching experiments, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in those animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO OF ANIMALS (Cols. C + D + E) |
|---|--|--|--|--|--|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | 609 | | 609 |
| 9. Non-human Primates | 77 | 707 | 73 | | 857 |
| 10. Sheep | | | | | |
| 11. Pigs | | 8 | 202 | | 210 |
| 12. Other Farm Animals | | | | | |
| 13 Other Animals | | | | | |
| Gerbils | | | 63 | | 63 |
| | | | | | |
| | | | | | |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility
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- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL

(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143).

SIGNATURE OF CEO OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF CEO OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

11/22/06

NOV 15 2006

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 64-R-0009 CUSTOMER NO. 834

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY (TYPE OR PRINT)

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

UNIVERSITY OF ALABAMA
P.O. BOX 870326 - 102 NOTT
TUSCALOOSA, AL 35487
(205) 348-7217

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS(sites)

See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
|---|---|--|---|--|---|
| 4. Dogs | 0 | 0 | 0 | 0 | 0 |
| 5. Cats | 2 | 0 | 6 | 0 | 6 |
| 6. Guinea Pigs | 0 | 0 | 0 | 0 | 0 |
| 7. Hamsters | 0 | 0 | 0 | 0 | 0 |
| 8. Rabbits | 0 | 1 | 0 | 0 | 1 |
| 9. Non-Human Primates | 0 | 0 | 0 | 0 | 0 |
| 10. Sheep | 0 | 2 | 0 | 0 | 2 |
| 11. Pigs | 0 | 0 | 0 | 0 | 0 |
| 12. Other Farm Animals | | | | | |
| | | | | | |
| 13. Other Animals | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all the exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

11/12/06

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.
64-R-0018

CUSTOMER NO.
835

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

NOV 29 2006

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

SOUTHERN BIOTECHNOLOGY ASSOC., INC.
P.O. BOX 26221
BIRMINGHAM, AL 35260
(205) 945-1774

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

See Attached Listing

FACILITY LOCATIONS/sites)

440 Foster Road

Leeds, Alabama 35094

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
|---|--|--|---|--|---|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | 115 | 82 | | | 82 |
| 9. Non-Human Primates | | | | | |
| 10. Sheep | 2 | 2 | | | 2 |
| 11. Pigs | 4 | 4 | | | 4 |
| 12. Other Farm Animals Goats | 2123 | 180 | | | 180 |
| Donkeys | 10 | 8 | | | 8 |
| 13. Other Animals | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

APHIS FORM 7023/
(AUG 91)

(Replaces VS FORM 18-23 (Oct 88), which

PART 1 - HEADQUARTERS

11-27-06

Interagency Report Control No
0180-DOA-AN

CUSTOMER NO.
928

FORM APPROVED
OMB NO. 0579-0036

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

BLUE RIDGE KENNEL
P O BOX 1207
WETUMPKA, AL 36092
(334) 567-8195

| | | |
|--|--|----------------|
| 3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.) | | (334) 567-8195 |
|--|--|----------------|

See Attached Listing

FACILITY LOCATIONS(sites)

RECEIVED

NOV 14 2006

BY

| | | |
|---|--------------|-----|
| REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A) | | BY: |
| A. | B. Number of | |

| ANNUAL REPORT ON ANIMAL CARE AND CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A) | | | | | |
|--|---|---|---|--|---|
| A. Animals Covered by The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO OF ANIMALS (Cols. C + D + E) |
| 4. Dogs | 50 | 54 | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-Human Primates | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| | | | | | |
| 13. Other Animals | | | | | |
| | | | | | |
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| | | | | | |
| ASSURANCE STATEMENTS | | | | | |
| 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthesia and following animal care and control procedures, were followed. | | | | | |

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED

APHIS FORM 7023
(AUG 91)

(Replaces VS FORM 18-23 (Oct 88), which is obsolete)

PART 1 - HEADQUARTERS

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO. 64-R-0103
CUSTOMER NO. 975

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

OCT 05 2006

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

SUNSHINE PET NUTRITION CENTER
609 4TH ST NE POB 736
RED BAY, AL 35582
(800) 705-2111

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

See Attached Listing

FACILITY LOCATIONS(sites)

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain-relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
|--|---|---|---|--|---|
| 4. Dogs | | 54 | | | 54 |
| 5. Cats | | 82 | | | 82 |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-Human Primates | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| 13. Other Animals | | | | | |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all the exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF OFFICIAL

NAME & TITLE

(Type or Print)

DATE SIGNED

APHIS FORM 7023
(AUG 91)

(Replaces VS FORM 18-23 (Oct 88), which is obsolete)

PART 1 - HEADQUARTERS

10-2-06

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.
64-R-0104

CUSTOMER NO.
1728

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

RECEIVED

NOV 1 2006

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

GEMINI RESEARCH OF ALABAMA
125 ASPEN LANE
ODENVILLE, AL 35120
(205) 629-3229

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

BY: _____ FACILITY LOCATIONS (sites)

See Attached Listing

REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A)

| A. Animals Covered By The Animal Welfare Regulations | B. Number of animals being bred, conditioned, or held for use in teaching, testing, experiments, research, or surgery but not yet used for such purposes. | C. Number of animals upon which teaching, research, experiments, or tests were conducted involving no pain, distress, or use of pain- relieving drugs. | D. Number of animals upon which experiments, teaching, research, surgery, or tests were conducted involving accompanying pain or distress to the animals and for which appropriate anesthetic, analgesic, or tranquilizing drugs were used. | E. Number of animals upon which teaching, experiments, research, surgery or tests were conducted involving accompanying pain or distress to the animals and for which the use of appropriate anesthetic, analgesic, or tranquilizing drugs would have adversely affected the procedures, results, or interpretation of the teaching, research, experiments, surgery, or tests. (An explanation of the procedures producing pain or distress in these animals and the reasons such drugs were not used must be attached to this report) | F. TOTAL NO. OF ANIMALS (Cols. C + D + E) |
|---|---|--|---|--|---|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | 200 | 24 | 0 | 0 | 24 |
| 9. Non-Human Primates | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| | | | | | |
| 13. Other Animals | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
- 2) Each principal investigator has considered alternatives to painful procedures.
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all the exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected.
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

| | | |
|---|--|-------------|
| SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL | NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL | DATE SIGNED |
| | | 11-9-2006 |

(AUG 91)

(Replaces US FORM 18-23 (Oct 88), which

PART 1 - HEADQUARTERS

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NO.
64-R-0106

CUSTOMER NO.
807

FORM APPROVED
OMB NO. 0579-0036

ANNUAL REPORT OF RESEARCH FACILITY
(TYPE OR PRINT)

NOV 27 2006

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA, include Zip Code)

STRUCTURAL RESEARCH CENTER
120 NOVATAN RD.
MOBILE, AL 36608
(251) 649-9740

3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.)

FACILITY LOCATIONS(sites)

See Attached Listing

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|---|--|--|---|--|---|
| 4. Dogs | | | | | |
| 5. Cats | | | | | |
| 6. Guinea Pigs | | | | | |
| 7. Hamsters | | | | | |
| 8. Rabbits | | | | | |
| 9. Non-Human Primates | | | | | |
| 10. Sheep | | | | | |
| 11. Pigs | | | | | |
| 12. Other Farm Animals | | | | | |
| | | | | | |
| 13. Other Animals | | | | | |
| | | | | | |
| NO REGULATED SPECIES WERE USED. | | | | | |
| | | | | | |

ASSURANCE STATEMENTS

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility.
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CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL
(Chief Executive Officer or Legally Responsible Institutional official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL

NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)

DATE SIGNED
10/18/06